

## PLACE OF BIRTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 209  
 County Registrar No. 60  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Miguel Sanchez  
 No. 925 Line Oak St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births.  
 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Jan. 31, 1927  
 Month day year

8. FATHER  
 Full name Rumaldo Sanchez  
 9. Residence (Usual place of abode) Miami  
 If nonresident, give place and state Arizona  
 10. Color or race Mex.  
 11. Age at last birthday 28 (Years)

14. MOTHER  
 Full maiden name Rosara Norriaga  
 15. Residence (Usual place of abode) Miami  
 If nonresident, give place and state Arizona  
 16. Color or race Mex.  
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Yuma  
 (State or country) Arizona  
 13. Occupation  
 Nature of industry Miner

18. Birthplace (city or place) Hermosilla, Son.  
 (State or country) Mex.  
 19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother { (a) Born alive and now living 4  
 (b) Born alive but now dead  
 (c) Stillborn  
 (Taken as of time of birth of child herein certified and including this child.)  
 21. Were precautions taken against ph. chlamia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 11 P.M. on the date above stated.  
 (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
 Signature Leyril M. Cronin (Physician or midwife)  
 Address Miami, Arizona

Given name added from supplemental report  
 Month, day, year. Filed Feb 7, 1927 Local Registrar C. E. Dring

Registrar.

Filed \_\_\_\_\_ 19 \_\_\_\_\_

County Registrar.

429-131-951

case, and the number of each.

in order of birth stated.